Filed Date Filed: 07/09/2015 Business ID: 728973 William M. Gardner Secretary of State

State of New Hampshire

Filing fee: \$50.00
Fee for Form SRA: \$50.00
Total fees \$100.00
Use black print or type.

Form LLC-1 RSA 304-C:31

Form LLC-1 (1/2013)

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited	Liability Company Laws submits the following
certificate of formation:	hek 8 Company, Accounting &
FIRST: The name of the limited liability company is	
SECOND: The nature of the primary business or purpose	s are Account, has and bookkeping
THIRD: The name of the limited liability company's registe	ered agent is Raica E-Mack
and the street address, town/city (including zip code and	post office box, if any) of its registered office is
(agent's business address) 144 Main Street	PO Box 265, New Castle
(agent's business address) 144 Main Street	
FOURTH: The latest date on which the limited liability con	mpany is to dissolve is
FIFTH: The management of the limited liability company managers.	vested in a manager or
SIXTH: The sale or offer for sale of any ownership interest requirements of the New Hampshire Uniform Securities A	sts in this business will comply with the
	A ~ ~ /
*Signature: _	R E 26
	Brien E Mack
Title: _	(Enter "manager" or "member")
Date signed: _	3-18-15
To receive your ANNUAL REPORT REMINDER NOTICE	by email, please enter your email address here:
To receive your ANNUAL REPORT REMINDER NOTICE	
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State of New Hampshire	a member.
Form LLC 1 - Certificate of Formation 2 Page(s)	come public records and will be available for
	Corporation Division, Department of State, 107 Capitol Street, 3 rd Floor, Concord, NH 03301.

T151Q105012

Form SRA – Addendum to Business Organization and Registration Forms Statement of Compliance with New Hampshire Securities Laws Mack & Complex According Book Keeph Securities 11C Part I – Business Identification and Contact Information

Mary Alla	other & Book Keeping Services Lite	
Business Name Bu		
Business Address (include city, state, zip): 144 Mars Street POBex 265, New Castle NHOSKS4		
Telephone Number: (603) 431 7258 E-mail: grayorare concret net		
Contact Person: Brian E Mack		
Contact Person Address (if different):		
Part II – Check <u>ONE</u> of the following items in Part II. If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:		
Hampshire because the business meets <u>AL</u> A) This business has 10 or fewer owner B) Advertising relating to the sale of over		
2 This business will offer securities in New Hanotice file for federal covered securities. En	Impshire under another exemption from registration or will ter the citation for the exemption or notice filing claimed -	
This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation		
4 This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.		
Part III – Check <u>ONE</u> of the following items in Part III:		
1 This business <i>is not being</i> formed in New Hampshire.		
This business <i>is</i> being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.		
Part IV – Certification of Accuracy		
(NOTE: The information in Part IV must be certified by: 1) <u>all</u> of the incorporators of a corporation to be formed; or 2) <u>an</u> executive officer of an existing corporation; or 3) <u>all</u> of the general partners or intended general partners of a limited partnership; or 4) <u>one or more</u> authorized members or managers of a limited liability company; or 5) <u>one or more</u> authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)		
I (We) certify that the information provided in this form is true and complete. (Original signatures only)		
Name (print): Brian E Mack		
(b).	Date signed: 3-18-15	
Name (print):	Signature:	
	Date signed:	
Name (print):	Signature:	
	Date signed:	